



**Grants and Annuities Societies**  
**Filing Information for Gift Annuity Agreements**  
**([California Insurance Code Section \(CICS\)11522](#))**

Information regarding issued annuities is to be filed quarterly, no later than 30 days after the end of each calendar quarter. This is consistent with the language of [CICS 11522](#) and its intent that this Department be apprised reasonably promptly of annuity terms and values.

**Filing fee:** Filing fees depend upon the number of agreements for which information is filed within any calendar quarter:

- a. for the **first 10** agreements for which information is being filed: basic fee of **\$60.00** for each agreement included, pursuant to [Section 2202\(a\)\(13\)](#) of Title 10 of the California Code of Regulations.
- b. for **11 to 20** agreements: **50** percent of the basic fee;
- c. for **21 to 30** agreements: **20** percent of the basic fee;
- d. for **31 to 40** agreements: **10** percent of the basic fee and
- e. for **41 or more** agreements: **5** percent of the basic fee.

**Note:** Discount does not apply to organization with a pending Certificate of Authority application.

**Submit the following to the Financial Analysis Division Office at the address below:**

- a. **The original completed transmittal form** (see form below)
- b. **A CD with the Agreements Summary Page(s) (Excel spreadsheet) copied on it and a hard copy of the Agreements Summary Page(s).** If the value of the property transferred is other than cash, attach a separate sheet to show detailed support for the value of such property including the name, description and method of valuation of each item of such property.
- c. **If this is your 4<sup>th</sup> quarter filing, you must submit the certification required by CICS 11523 (b).** This form must be **filed once each year** at the close of the year covering all agreements issued during that year. Submit using the [\(OASIS\) Online Assistance System for Insurer Submittal](#).
- d. **A copy of the check for the filing fees.**
- e. **A postage paid, self-addressed envelope.** An acknowledgement of receipt of your filing will not be provided unless you include the envelope along with your submission.

California Department of Insurance  
300 South Spring Street, South Tower, 13<sup>th</sup> Floor  
Los Angeles, CA 90013  
Attn: Financial Analysis Division Office (Grants & Annuities)



**Submit the following to the Cashiering Unit at the address below:**

- a. **A copy of the transmittal form**
- b. **The check for payment of the filing fees**

California Department of Insurance  
P.O. Box 1799  
Sacramento, CA 95812-1799  
Attn: Cashier

**Societies must use the rates as adopted and filed with the Department.** Unless otherwise notified, it will be assumed that the society has adopted the most recent rates as approved by the American Council on Gift Annuities (ACGA). You need not submit your rates if you have adopted the most recently approved ACGA rates; otherwise, file your rates at the address below:

California Department of Insurance  
300 South Spring Street, South Tower, 13<sup>th</sup> Floor  
Los Angeles, CA 90013  
Attn: Financial Analysis Division Office (Grants & Annuities)

The Department is very concerned when the rate used is other than the adopted rate applicable at the time of signing of the agreement. We generally find this practice unacceptable; possibly constituting a discriminatory rating practice (CICS [790.03\(f\)](#)). If you have any concern at all as to whether the rate quoted will be valid at the time of signing of the agreement, you should advise the client accordingly. It is likely a discriminatory rating practice to offer one annuitant a different rate than another of the same age, subject to the same rates at the time of signing of the agreements.

If the amount of annuity to be paid is less than the amount calculated based on the currently adopted annuity rate table as filed with this Department, such an agreement must have a rider or waiver statement indicating the donor has been informed of the higher available rate but accepted the lower rate of periodic annuity payments. In such cases you must submit a copy of the signed agreement and waiver along with the other items required to be filed. **Annuity amounts paid can not exceed the amount calculated based on the currently adopted annuity rate table as filed with this Department.**

**DEPARTMENT OF INSURANCE**

P. O. Box 1799

Sacramento, CALIFORNIA 95812-1799



**TRANSMITTAL FORM**  
**For Filing Information Regarding Annuity Agreements Pursuant**  
**To California Insurance Code Section ("CICS") 11522**

This form encloses the items specified, dependent on to which unit in the Department the form is being sent as specified in the **"Instructions to Grants and Annuities Societies for Filing Information Regarding Annuity Agreements."**

**Be sure you have submitted a CD disk with the Agreements Summary Page(s) (Excel spreadsheet) copied on it along with a hard copy of the Agreements Summary Page(s) as required by the filing instructions.** If the value of the property transferred is other than cash, attach a separate sheet to show detailed support for the value of such property including the name, description and method of valuation of each item of such property.

**If this is your 4<sup>th</sup> quarter filing, you must submit the certification required by CICS 11523 (b).** This form must be **filed once each year** at the close of the year covering all agreements issued during that year.

The amount of our check to the California Department of Insurance covering the filing fees (pursuant to CICS 11522 and Section 2202(a)(13) of Title 10 of the California Code of Regulations) is \$ \_\_\_\_\_. The total number of agreements for which information has been filed with this transmittal form is \_\_\_\_\_.

**Contact Information** – information regarding the person we should contact if we have a question about the information provided in the Agreements Summary Page(s)

Contact Name (please print) \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_  
Contact E-mail Address \_\_\_\_\_  
California Company Identification Number \_\_\_\_\_

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**Date**

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**Name of the Organization**

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**\*Signature & Title of Officer**

**Note to Cashier:** When you have completed processing this form **forward it to Los Angeles, Financial Analysis Division.**

\*Your signature hereon signifies that to the best of your knowledge the information provided on the transmittal form and agreements summary page(s) made part of this filing are accurate and complete.



## Certification Required by California Insurance Code Section 11523 (b)

I (**insert full name of person certifying compliance**) of (**insert name of entity**), California Company Identification Number (**insert California Company Identification Number**), being duly sworn, do depose and say that I in my capacity as (**insert title here**) of said reporting entity have full authority to make this certification on behalf of said entity thus binding the entity, its officers, directors and employees as to the accuracy of said certification. I do hereby certify that all agreements issued during calendar year (**insert year**) are in all respects in compliance with subdivision (a) of Section 11523 of the California Insurance Code.

\_\_\_\_\_  
Full Name and Title of Person Certifying Compliance (Print Legibly)

\_\_\_\_\_  
Signature of Person Certifying Compliance

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
Signature of Notary Public

(Seal)